| 1. PLACE OF DEATH  a. COUNTY  IFR. G. N. N. I. W. S. I. S. STATE  b. CITY (III contain components limits, write RURAL) and ging.  TOWN RURAL  JACKS P. M. M. STATE  HOSPITAL OII  NONE  A. FIRST  HOSPITAL OII  NONE  A. CLASK  A. DATE  A. DATE | U                            |   | TI            | RE DIVISION OF HE                    | ALTH OF MISSON           | URI            |                    | •             | 20 6120                               |
|--|------------------------------|---|---------------|--------------------------------------|--------------------------|----------------|--------------------|---------------|---------------------------------------|
| 1. PLACE OF DEATH  a. COUNTY  APPL LEW EVIEW  D. CITY (If worder companies limits, write RURAL and sign  TOWN RURAL  JACKS of State of Sta | <b>FILED</b> DEC             | 6 1950                                  | STA           | ANDARD CERTII                        | FICATE OF DE             | ATH            | State .            | ₹.<br>File No | 39478                                 |
| 1. PLACE OF DEATH  2. COUNTY  2. COUNTY  2. STEE  3. COUNTY  3. P. A. COUNTY  3. P. A. COUNTY  3. P. A. COUNTY  4. D. CTY (If evelds corporate lines, with RTRAL and gigs  TOWN R. R. A. J. A. C. J. Steel of the September of STAY (in this patient)  4. FILL NAME OF (If not in bargital or institution, drive givest existence or location)  3. NAME OF (If not in bargital or institution)  5. SEX  5. SEX  5. SEX  6. COLOR OR RACE  7. MARRIED, NEVER MARRIED, NEV | BIRTH NO                     |   | REG.          | DIST. NO. 3/9                        | PRIMARY REG. DIST.       | 1060°          | 18 Regist          | rar's No      | 86                                    |
| D. CITY (II) conside corporate limits, write RURAL and signs of the property of the control of t |                              | АТН                                     |               |                                      | 2 USUAL RESID            |                | Where deceased liv | ed. If Insti  | tution: residence                     |
| D. CITY (If soutide composite limits, write RUTAL) and gigs, property to the lab places of TOWN RURAL JACKJS N. CARLETT CONTROLL (In the lab place) of the control of the c |                              | F. GENE                                 | VIEV.         | <u> </u>                             | II a. SIAIL              | , ,, ,,        | b. COU             | YTY           | a d en                                |
| TOWN RURAL JALKS ON THE STREET SERVICE STREET SERVICES OF STREET ADDRESS ALTER STREET STRANGE OF STREET STREET STRANGE OF STREET STRANGE O |                              | orporate limits, write                  | RURAL and     | c. LENGTH OF                         | c. CITY (If outside no   | rporate limits | write RURAL an     | give towns    |                                       |
| d. STREET ADDRESS DANSY LTAK RETE (Month) (Day) (Year) (Piets) (D. (Middle) (C. (Lust)) (Day) (Year) (Yea | TOWN RURA                    | L VACA                                  | اسروي         | UNG GUNS                             | TO                       |                |                    | . 01          | a h                                   |
| 3. NAME OF DECEASE B. (FIRS) D. (Middle) C. (Lass)   | d. FULL NAME OF              |   | institution,  | give street address or location)     | d STREET<br>ADDRESS      | (If rural,     | give location)     | रेज           | <del></del>                           |
| TOPIO OF PHINI) ELIZABETH CONSTANCE (LOODWIN' DEATH NOW 2 L 155.  S. SEX   6. COLOR OR RACE   7. MARRIED PHISE MARRIED   8. DATE OF BIRTH   9. AGE (LO SPAM)   6. DOING   1 MARRIED PHISE OF COUNTRY   1 MARKET   1 MARRIED PHISE OF COUNTRY   1 MARKET   1 MARRIED PHISE OF COUNTRY   1 MARKET   1 MARKE | 3. NAME OF                   |   | <del></del>   | b. (Middle)                          |                          |                |                    |               |                                       |
| 5. SEX   6. COLOR OR RACE   7. MARRIED DEVER MARRIED   19. NATE OF BIRTH   9. AGE (Is years)   40 most provided from the control of the contr |                              | FILTAR                                  | ~             | Calletane                            | ,,                       |                | OF                 |               | i i                                   |
| DUSTAY  DOLLOWATION (Give hind of work)  DOLLOWATION (Give hind of work)  AT HOME  AT HOME  DUSTRY  DUSTRY  DISTRY  11. BRITHPLACE (Buste or foreign occusion)  STATE 'S MAME  CLARK  CLARK  CLARK  DANIEL STATER'S MANE  CLARK  CLARK  CUCKER  DANIEL STATER'S MANE  LIA NAME OF HUSBAND OR BIFE  DANIEL STATER'S MANE  DANIEL STATER'S STATER'S MANE  LIA NAME OF HUSBAND OR BIFE  STATER'S MANE  LIA NAME OF HUSBAND OR BIFE  STATER'S MANE  LIA NAME OF HUSBAND OR BIFE  DANIEL STATER'S MANE  LIA NAME OF HUSBAND OR BIFE  CARL BRANCE  LIA NAME OF HUSBAND OR BIFE  STATER'S MANE  LIA NAME OF HUSBAND OR BIFE  LIA NAME OF HUSBAND OR BIFE  STATER'S MANE  LIA NAME OF HUSBAND OR BIFE  LIA NAME OF HUSBAND  LIA NAME OF HUSBAND OR BIFE  LIA NAME OF HUSBAND  LIA NAME OF HUSBAND OR BIFE  LIA NAME OF HUSBAND  LIA NAME OF HUSBAN |                              |   |               |                                      |                          | A 10.00        |                    |               |                                       |
| 13b. MINER S OR IN.  13c. FATHER'S NAME  C.LAKK C.LCKKEK  EMMA P. T. SIGNATURE OR NAME  ADDRE  17. INFORMANT'S SIGNATURE OR NAME  ADDRE  NO.  17. INFORMANT'S SIGNATURE OR NAME  ADDRE  NO.  17. INFORMANT'S SIGNATURE OR NAME  ADDRE  NO.  18. CAUSE OF DEATH  Anter only one causes per lace for (a), (b), and (c)  This does not mean he made of sping, such a heart failure, asthenia, be amade of sping, such a heart failure, asthenia, be altered failure, asthenia, be altered failure, asthenia, be altered failure, cathenia, be alt | _ / /                        | _                                       | WIDO          | WED, DIVORCED (Specify)              |                          | <b>~</b> _     | last birthday)     | Months ]      | TEAN   17 CHOER M<br>Days   Hours   1 |
| DUSTRY  AT HOME  AT HOME  AT HOME  CLANKE  CLA |                              |   | 106 K         |                                      |                          |                |                    | !!_           |                                       |
| 33. FATHER'S NAME  CLARK CUCKLER  BAMA PC  SAL MAN CUCKLER  EMMA PC  SAL MAN CUCKLER  EMMA PC  SAL MAN | done during most of work     | ng life, even if retired)               | 190. 141      |                                      | 1                        |                | ountry)            | 1             | 2. CITIZEN OF V                       |
| CLARK CUCKER   EMMA PK   JULY   DAVISE F COORDINGN    5. WAS DECEASED EVER IN U.S. ARMED FORCES]   16. SOCIAL SECURITY   NO. PRINCIPLY   17. INFORMANT'S SIGNATURE OR NAME    ADDRE   MEDICAL CERTIFICATION   INTERVAL BETT   ONSET AND DE    This does not mean   Office   Onset   On |                              | 15                                      | _!            | lan.                                 | STLOUI                   |                | 11 0               | 1             | 451.                                  |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no, or unknown)  Out from, sitte was or dates of service)  NO.  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  In SEASE OR CONDITION  DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  DO AUTOPSYT  YES NO  NO  NO  III. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  DO AUTOPSYT  YES NO  NO  III. OTHER SIGNIFICANT CONDITIONS  DO AUTOPSYT  YES NO  NO  NO  III. OTHER SIGNIFICANT CONDITIONS  DO AUTOPSYT  YES NO  NO  NO  III. OTHER SIGNIFICANT CONDITIONS  DO AUTOPSYT  III. NO  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT COND |                              |   | _             | _ ^                                  | NAME                     |                |                    |               |                                       |
| NO. PAUL MARDIS 184 N 88 2835 STAQUIS 18.  8. CAUSE OF DEATH Chiter only one onuse per me or dates of services. MEDICAL CERTIFICATION  1. DISEASE OR CONDITION  1. DISEASE  |                              | CUCKLE                                  | Z X           |                                      |                          |                |                    |               | M                                     |
| S. CAUSE OF DEATH   Inter any anneasuspeper   Inter any anneasuspepe   | (Yes. no. or unknown) (II    | K IN U.S. ARMED<br>Yes sive was or date | FORCES?       | l A NO                               |                          |                |                    | -             | ADDRES                                |
| IDSEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) TO PRIVE MY CARDITIS  **This does not mean the distance of dyring, such a heart failure, asthenia, to the above cause (a) stating the underlying cause last.  **DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Omditions contributing to the death but not related to the disease or conditions counting death.  DIE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Omditions contributing to the death but not related to the disease or conditions counting death.  DIE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Omditions contributing to the death but not related to the disease or conditions counting death.  DIE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Omditions contributing to the death but not related to the disease or conditions counting death.  DIE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Omditions contributing to the death but not related to the disease or conditions counting death.  DIE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CONDITIONS  DOM ALL OTHER SIGNIFICANT CONDITIONS  III. OTHER SIGNIFICANT CONDITIONS  DOM ALL OTHER SIGNIFICANT CONDITIONS  OTHER AND VERY AND  |                              | ·                                       |               |                                      | PAUL MARAI               | 18 2           | (N88 Z             | 457 ST        | Louis 14                              |
| **This does not mean the mode of dying, such as heard follure, existential, the mode of dying, such as heard follure, existential, the mode of dying, such as heard follure, existential, the distributions of the death of the distributions contributing to the death but not related to the disease or condition counting death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition counting death.  DIA DATE OF OPERATION  12. DATE OF OPERATION  13. ACCIDENT SUICIDE  HOMICIDE  (Speelly)  21b. PLACE OF INJURY (e.g., in or about bome, farm, fastory, street, office bidg., ero.)  HOMICIDE  (Month)  10. Day)  (Fear)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition counting death.  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  12d. TIME  (Month)  12d. TIME  (Month)  12d. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  12d. TIME  (Month)  12d. How DID INJURY OCCURT  12d. How DID INJURY OCCURT  12d. How DID INJURY OCCURT  21f. HOW DID INJURY OCCURT  22d. HOW DID INJURY OCCURT  22d. ADARDESS  22d. DATE SIGN   | 8. CAUSE OF DEATH            | I DISEASE OD C                          | CHUITION      | MEDICAL (                            | ERTIFICATION             | •              |                    |               | INTERVAL BETW                         |
| **This does not mean the mode of dying, such as heard follure, existential, the mode of dying, such as heard follure, existential, the mode of dying, such as heard follure, existential, the distributions of the death of the distributions contributing to the death but not related to the disease or condition counting death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition counting death.  DIA DATE OF OPERATION  12. DATE OF OPERATION  13. ACCIDENT SUICIDE  HOMICIDE  (Speelly)  21b. PLACE OF INJURY (e.g., in or about bome, farm, fastory, street, office bidg., ero.)  HOMICIDE  (Month)  10. Day)  (Fear)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition counting death.  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  12d. TIME  (Month)  12d. TIME  (Month)  12d. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  12d. TIME  (Month)  12d. How DID INJURY OCCURT  12d. How DID INJURY OCCURT  12d. How DID INJURY OCCURT  21f. HOW DID INJURY OCCURT  22d. HOW DID INJURY OCCURT  22d. ADARDESS  22d. DATE SIGN   | line for (a), (b), and (c)   | DIRECTLY LEAD                           | ING TO DE     | ATH*(a) AGUTE                        | MULCARDI                 | ris            |                    |               | ORSET AND DEA                         |
| Aforbide conditions, if any, gioling DUE TO (b)  sheart failure, arthenia, i.e. It means the dis- use, injury, or complica- on which caused death.  10. THER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  12. AUTOPSYT  13. ACCIDENT SUICIDE  14. ACCIDENT SUICIDE  15. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  16. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT MORK AT WORK  16. I hereby certify that I attended the deceased from  |                              |   |               | ( v                                  | SR DICT OF               | ./             |                    |               | <del></del>                           |
| DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition condition condition conditions conditio |                              |   |               | totan DUE TO (b)                     |                          | V D Z 4        | ,                  |               |                                       |
| DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  22. DATE OF OPERATION  13. DATE OF OPERATION  13. DATE OF OPERATION  13. ACCIDENT SUICIDE HOMICIDE  14. TIME OF (Month) | 13 heart failture, asthenia, | rise to the above (                     | cause (a) st  | ating                                |                          |                | <del></del> -      | <u> </u>      |                                       |
| On which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  Da. DATE OF OPERATION  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  Da. DATE OF OPERATION  III. OTHER SIGNIFICANT CONDITIONS  Date of the death but not related but to death.  III. OTHER SIGNIFICANT CONDITIONS  Date of the disease of OPERATION  III. ACCIDENT  SUICIDE  (Specify)  21b. PLACE OF INJURY OCCURRED  WHILE AT NOT WHILE INDURY OCCUR?  III. HOW DID INJURY OCCUR?  Date of the Work of the Work of the death occurred at International Country  III. HOW DID INJURY OCCUR?  Date of the Work of the Work of the Work of the Country of the Causes and on the date stated above.  Date of the Work of the Country of the Causes and on the date stated above.  Date of the Work of the Country of the Causes and on the date stated above.  Date of the Work of the Country of the Causes and on the date stated above.  Date of the Country of the Causes and on the date stated above.  Date of the disease of the Country of the Causes and on the date stated above.  Date of the Country of the Country of the Causes and on the date stated above.  Date of the Country of the Causes and on the date stated above.  Date of the Country of the Causes and on the date stated above.  Date of the Country of the Country of the Causes and on the date stated above.  Date of the Country |                              | one anderrying ta                       | 446 6431.     | DUE TO (c)                           |                          |                |                    | ĺ             |                                       |
| Pa. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  20. AUTOPSY7  YES NO  1a. ACCIDENT SUICIDE HOMICIDE  1bome, larm, factory, street, office bldgetc.)  1d. Time (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF INJURY  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR    | ion which caused death.      | II. OTHER SIGNI                         | FICANT CO     |                                      |                          |                |                    |               | 111                                   |
| Da. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO  1a. ACCIDENT SUICIDE SUICIDE HOMICIDE  1d. TIME (Month) (Day) (Year) (Hour) OF INJURY  1d. Time (Month) (Day) (Year) (Hour) OF INJURY  1c. I hereby certify that I attended the deceased from   |                              | Conditions contri                       | buting to the | t death but not                      |                          |                |                    | 1.            | 4312                                  |
| Is. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bidg., etc.)  Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT WORK AT | 9a. DATE OF OPERA-           |   |               |                                      |                          |                |                    |               | 7 <b>47</b> 77 (                      |
| 21b. PLACE OF INJURY (e.g., in or about SUIGIDE HOMICIDE   21b. PLACE OF INJURY (e.g., in or about SUIGIDE HOMICIDE   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (STATE)   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (CITY, TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (COUNTY) (CITY, TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (CITY, TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (CITY, TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (COUNTY) (CITY, TOWN, OR TOWNSHIP) (COUNTY) (COUNTY) (CITY, TOWN, OR TOWNSHIP) (CITY, TOWN, OR TOWNSHIP) (CITY, TOWN, OR TOWNSHIP) (COUNTY) (CITY, TOWN, OR TOWNSHIP) (CITY, TOWNSHIP) (CITY, TOWNSHIP) (CITY, TOWNSHIP) (CITY, TOWNSHIP) (CITY, TOWNSHIP) (CITY, TOWN, OR TOWNSHIP) (CITY, TOWNSHIP) (CI   | TION                         |   |               |                                      |                          |                |                    |               |                                       |
| INJURY  (Hour) (Hour) (Hour) (Hour) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR?  (L. I hereby certify that I attended the deceased from  | Ma ACCIDENT                  | (94(-)                                  | 215 DI ACE    | OF IN HIDY                           | lat. (CITY TOUR OF       |                |                    | 1             |                                       |
| WHILE AT WORK AT WORK   NOT WHILE WORK   AT WORK   AT WORK    2. I hereby certify that I attended the deceased from  | SUICIDE<br>HOMICIDE          | (Specif)                                | home, farm,   | factory, street, office bldg., etc.) | 216. (CITT, TOWN, OK     | (OWNSHIP)      | ) (COU             | NTY)          | (STATE)                               |
| INJURY  INJURY | Id. TIME (Month)             | (Day) (Year)                            | (Hour) 2      | le. INJURY OCCURRED                  | 21f. HOW DID INJURY      | OCCUR7         |                    |               | <del></del>                           |
| 2. I hereby certify that I attended the deceased from  | INJURY                       | •                                       | <u>.</u> .¥   | WORK NOT WHILE                       |                          |                |                    |               |                                       |
| alive on   | 2 Thankei audite a           | 1 . 4 T . 44 . 1 2 4                    | ., ,          |                                      |                          |                |                    |               | <del></del>                           |
| AL SIGNATURE  (Degree or title)  23b. ADDRESS  23c. DATE SIGN  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (State  25c. DATE SIGN  (State  25c. DATE SI |                              |   |               |                                      | , ,                      |                | _, 19, the         | it I last i   | saw the decea                         |
| BLOC, Basler Cononie Sto. Heneneine Mo 11/2 3/3 a. BURIAL, CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State of Conomic of Conomi |                              | , 19                                    | , ana t       |                                      |                          | ie causes      | and on the da      |               |                                       |
| ALE REC'D BY LOCAL REGISTRAR'S SIGNATURE  ATER REC'D BY LOCAL REGISTRAR'S SIGNATURE  ATER REC'D BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS  AND ATER REC'D BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS BY LOC | 0                            | /                                       |               | (Degree of title)                    |                          | •              | 0                  | 13            | 23c. DATE SIGN                        |
| ION, REMOVAL (Specify)  OF NOV 25 1950 ST MATTHEW & CONSTLOVI)  ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS  AST, 1950 Mirecall, Sath Depo Side Basks Ver, Stenemene Ma  | <u> </u>                     |   |               | Coroner                              |                          |                |                    |               | 11/23/5                               |
| ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS SIGNATURE ADDRESS SIGNATURE ADDRESS SIGNATURE ADDRESS SIGNATURE MADDRESS SIGNATURE ADDRESS SIGNATURE MADDRESS SIGNAT | FION, REMOVAL (Specify)      | 1                                       | _ {           |                                      | /                        |                |                    | or county     |                                       |
| 27,1950 Vireca M. Lash Depo Seve Basher St. Lenemene mo  |                              |   |               |                                      |                          |                |                    |               |                                       |
|  | REG.                         | REGISTRAR'S S                           | DIGNATURE     | 1 N390                               | 25. FUNERAL DIRECT       | TOR'S SI       | CHATURE            | ADDI          | RESS ()                               |
| (Licensed Embalmer's Statement on Reverse Side)  | 6021,1920                    | Vilreca                                 | 11.0          | of arito                             | seal a                   | carl           | a ster, Se         | ume           | ue Mo                                 |
|  |                              | <u> </u>                                |               | (Licensed Embalmer's S               | tatement on Reverse Side | •)             |                    |               |                                       |

DISTRICT HEALTH OFFICE NO. 4
File No.

## STATEMENT BY LICENSED EMBALMER

|  | •                     |      |
|--|-----------------------|------|
| I homely possify shot the hadronical many to account of the country of the countr |                       |      |
| I hereby certify that the body whose name is recorded on the reverse side of this certificate  | was embaimed by me, o | r Dy |
|  |                       |      |
|  |                       |      |

working under my personal supervision.

Alrian of Eller

tudent Embalmer

Licensed Embalmer No. 47 40

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.